

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042809

STATE FILE NUMBER

FILED IN DISTRICT NO. 3 1859 317

Primary Registration District No. 541

Registrar's No. 3169

INDEXED

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Length of stay in 1b 4 WKS.	c. CITY OR TOWN MO LINE ACRES
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10023 BON OAK DR
3. NAME OF DECEASED (Type or print) First Vera Middle Marie Last Steinkamp.		4. DATE OF DEATH Month Nov. Day 27 Year 1959	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-26-1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) ST LOUIS Co. MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ALFRED TESSON		13b. MOTHER'S MAIDEN NAME ELLA HUGGINS		14. NAME OF HUSBAND OR WIFE WILBERT STEINKAMP		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT WILBERT STEINKAMP 10023 BON OAK		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	pneumothorax	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	emphysema	
DUE TO (b)	tuberculosis	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **10-27-59** to **11-27-59** and last saw her/him alive on **11-27-59**
Death occurred at **1:20 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Romney M.D.	(Degree or title)	22b. ADDRESS 6015 Brentwood, Clayton, Mo	22c. DATE SIGNED 11-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-1-59	23c. NAME OF CEMETERY OR CREMATORY CALVARY	23d. LOCATION (City, town, or county) (State) ST LOUIS MO.

24. FUNERAL DIRECTOR Duchholz Mort. 5967 W. Florissant	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-30-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilfred J. Buckhart

Licensed Embalmer No. 45511

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.